

Latasha McMillan
January 8, 2020

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

- - -
RENA ABRAN :
Plaintiff :
: :
vs. :
: :
CITY OF PHILADELPHIA :
et al. :
Defendants : No. 2:18-CV-01107

- - -
Wednesday, January 8, 2020

- - -
Oral Deposition of LATASHA McMILLAN,
taken pursuant to notice, held at the Offices
of O'Connor Kimball, Two Penn Center, Suite
1100, Philadelphia, Pennsylvania 19102,
commencing at 11:35 a.m. before Michelle A.
Landman, Professional Reporter and Notary
Public; in and for the Commonwealth of
Pennsylvania.

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1 APPEARANCES:		1	- - -
2		2	I N D E X
3 THE LAW OFFICES OF TROY WILSON		3	- - -
4 By: TROY WILSON, ESQUIRE		4	WITNESS
5 215 Broad Street, 2nd Floor		5	LATASHA McMILLAN
6 Philadelphia, Pennsylvania 19107		6	(Witness sworn.)
7 215-985-4566		7	EXAMINATION BY:
8 Representing the Plaintiff		8	Mr. Wilson. 05
9		9	
10 THE CITY OF PHILADELPHIA, LAW DEPARTMENT		10	- - -
11 By: MARK MAGUIRE, ESQUIRE		11	E X H I B I T S
12 One Parkway Building		12	- - -
13 1515 Arch Street, 17th Floor		13	NUMBER
14 Philadelphia, Pennsylvania 19102		14	DESCRIPTION
15 215-683-5001		15	PAGE
16 Representing the City of Philadelphia		16	
17		17	None marked.
18 THE LAW OFFICES OF O'CONNOR KIMBALL, LLC		18	
19 By: LISA A. CAULEY, ESQUIRE		19	
20 Two Penn Center, Suite 1100		20	
21 1500 John F. Kennedy Boulevard		21	
22 Philadelphia, Pennsylvania 19102		22	
23 215-564-0400		23	
24 Representing Corizon		24	
25 Continued...			
Page 3		Page 5	
1 APPEARANCES:		1	- - -
2		2	LATASHA McMILLAN, after having
3 THE LAW OFFICES OF MATIS, BAUM, O'CONNOR		3	been first duly sworn, was examined
4 By: JULIA F. KURTZ, ESQUIRE		4	and testified as follows:
5 912 Fort Duquesne Boulevard		5	- - -
6 Pittsburgh, Pennsylvania 15222		6	EXAMINATION
7 412-338-4713		7	- - -
8 Representing MHM Correctional		8	BY MR. WILSON:
9 Services, Inc. and Dr. Olumide		9	Q. My name is Troy Wilson, I'm the
10 Oluwabusi		10	attorney for the plaintiff in reference to
11		11	the caption matter Abran, et al. versus City
12		12	of Philadelphia, Corizon, et al.
13		13	Your last name again?
14		14	A. McMillan.
15		15	Q. Ms. McMillan, before we get started, I
16		16	don't anticipate keeping you here for an
17		17	inordinate amount of time, it's not the way
18		18	we generally work.
19		19	In order for things to run a lot more
20		20	smoothly, just a few general rules and
21		21	parameters that we have, and your attorney
22		22	may chime in as well.
23		23	Even though you're seated right next
24		24	to the stenographer, try to keep your voice

2 (Pages 2 to 5)

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<p>1 up. Speak in a loud clear voice. You can't 2 answer any questions um-hum or nuh-huh 3 because she doesn't know what that means. 4 And also you can't nod affirmatively or shake 5 your head, you have to say whatever it is you 6 want to say.</p> <p>7 If you need to take a break, that is 8 not a problem. Just let us know and we can 9 take a break. I don't anticipate that we are 10 going to be here for such a long time period 11 that you're going to need to, but even if you 12 need to, it is what it is, it won't be a 13 problem, just let us know and we will stop.</p> <p>14 The only requirement prior to taking a 15 break, if there is an outstanding question 16 that's been posed to you, you have to answer 17 the question on the record and then you can 18 take your break.</p> <p>19 Are you taking any medication today 20 that might impair your ability to understand 21 my questions or your ability to recollect?</p> <p>22 A. No, sir.</p> <p>23 Q. Have you done a deposition before?</p> <p>24 A. Yes.</p>	<p>1 A. 2003. 2 Q. I'm sorry. Did you finish your 3 answer? 4 A. No. 5 Q. Okay. Go ahead. 6 A. I have also obtained two Master's 7 Degrees, both in 2007, from Wilmington 8 University. One as a Master's of Science in 9 Healthcare Administration. And the other, a 10 Master's of Science, Nursing and Executive 11 Leadership. 12 I'm currently at the University of 13 Charleston in West Virginia working on a 14 Doctorate in Executive Leadership. 15 Q. Are you working on executive 16 leadership in a particular field or is it 17 just general executive leadership? 18 A. General executive leadership. 19 Q. I forgot a couple other things to 20 mention. And I don't foresee this being a 21 major problem, but I have to put it on the 22 record. 23 As we get into the deposition, you may 24 anticipate a question that I might have or</p>
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<p>1 Q. To the best of your recollection, I'm 2 not holding you to a specific number, how 3 many have you performed?</p> <p>4 A. One.</p> <p>5 Q. How long ago was that?</p> <p>6 A. 2014.</p> <p>7 Q. And was that in Maryland?</p> <p>8 A. No, that was in Philadelphia.</p> <p>9 Q. Okay. And what kind of case was that for?</p> <p>10 A. Trying to go back five years, it was 11 an allegation of a patient, just in relation 12 to back when we were triple celling patients 13 in the city, well before my time. However, I 14 had assumed the role of Regional Director of 15 Nursing a month before, so I caught the 16 deposition.</p> <p>17 Q. I like the phraseology.</p> <p>18 Okay. Could you provide me with your 19 educational background?</p> <p>20 A. Sure. I am a graduate of Delaware 21 State University where I obtained my 22 Bachelor's of Science in Nursing.</p> <p>23 Q. What year?</p>	<p>1 want to provide your answer, what you have to 2 do is, we instruct all witnesses to simply 3 wait for me to complete the question. We 4 have to do it in order for the stenographer's 5 purpose. She takes my question down and then 6 whatever your answer is, your answer is. She 7 can't take down both of us speaking at the 8 same time. So just wait for us to finish the 9 question.</p> <p>10 If you don't understand something, I 11 have no problems with you either asking me, 12 telling me you don't understand, and I can 13 try to rephrase it. Okay?</p> <p>14 A. Absolutely.</p> <p>15 Q. All right. Other than the education 16 that you just testified to, did you have any 17 other -- do you have any certifications?</p> <p>18 A. I do. I have a certification in 19 sexual assault nurse examination, I obtained 20 that back in 2012.</p> <p>21 I also obtained in 2016 -- yes, 2016, 22 my nurse executive advanced board certification.</p> <p>23 I am also a certified correctional</p>

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<p>1 healthcare professional, I obtained that back 2 in 2006. 3 And I'm obviously a registered nurse 4 from 2003. 5 Q. The 2006 certification, where did you 6 obtain that certification? 7 A. It's a national certification from 8 National Commission on Correctional 9 Healthcare. 10 Q. So was there training done? 11 A. There is more studying than anything 12 else. They use experience and essay writing 13 and a specific 50-question test to determine 14 whether you are a subject matter expert in 15 corrections. 16 Q. So that's something that you basically 17 study at your home base and take an online 18 test or do you have to go to a particular -- 19 A. No, I went to a National Commission on 20 Correctional Healthcare conference back in 21 2006 where I had to test along with the other 22 testees across the country. 23 Q. Any other certifications or 24 qualifications?</p>	<p>1 Philadelphia Department of Prisons, here in 2 Philadelphia. 3 Q. Were you living in Philadelphia? 4 A. No, sir. I live in Maryland. 5 Q. In the time period you're talking 6 about with the Philadelphia Prison System, 7 you were commuting? 8 A. From Maryland to Philly. And still 9 am, yes. 10 Q. Okay. What did that entail? 11 A. The commute? 12 Q. No. No. The job. What's the job 13 description? 14 A. Oh, I initially started ten years ago 15 as an assistant health service administrator. 16 That was more the assistant to the overall 17 health authority, where we had to oversee all 18 the facility operations within the facility. 19 I was then promoted in 2012, maybe, to 20 the Regional Director of Nursing. I held 21 that position until 2014, where I was 22 promoted to the Director of Operations. And 23 that is the position I currently hold. 24 Q. Do you have a resume?</p>
<p>1 A. I am also a trauma nurse, corp course 2 nurse. I obtained that initially back in 3 2008. I am advanced cardiac life support 4 nurse as well. I'm trying to remember them 5 all. 6 Q. There is just so many? 7 A. I'm going to leave it at that, if I 8 may. 9 Q. It's fine. What I've learned, it's 10 not bragging if it's true. 11 A. It's true. 12 Q. In the course of your education and 13 experience, have you had any experience with 14 or certifications for, for example, dealing 15 with suicide deaths, treatment for suicide 16 deaths? 17 A. Certification, no. 18 Q. If you know, you're here as a 19 corporate designee of Corizon. Your 20 employment history, we did your education. 21 What's your employment history like, 22 say for like the last seven years? 23 A. The last seven years -- actually, the 24 last ten years I have been with the</p>	<p>1 A. I do. 2 Q. Can you make sure your counsel gets 3 the resume? She can give it to me. 4 A. Absolutely. 5 Q. The positions that you just testified 6 to, were those in relation to Corizon or was 7 that a separate position? 8 A. All Corizon. 9 Q. Okay. So how long have you been 10 working for Corizon? For the last ten years? 11 A. Since 2006. 12 Q. Okay. Actually last 13, going on 14 13 years. 14 Where did you work at before you 15 worked at Corizon? 16 A. So 2004 I worked at Bay Health Medical 17 Center, they call it Kent General Hospital, 18 in Dover, Delaware. 19 Q. What were your duties there? 20 A. I was a clinical coordinator. I was 21 basically a house supervisor on the 22 nightshift. I was responsible for the house 23 facilities and all operations and staffing, 24 bedding. Just support services for the</p>

<p style="text-align: center;">Page 14</p> <p>1 nurses. 2 Q. Okay. In reference to your coming 3 here today, did you do any preparation work 4 to prepare you for the deposition? I'm not 5 talking about any conversations with your 6 attorney, but any paperwork preparation. 7 A. No, sir. 8 Q. Okay. Can you provide testimony, say, 9 for example, back in 2016, in Philadelphia, 10 as to how many suicide prison deaths Corizon 11 was involved with in any sort of way, in 12 reference to the Philadelphia Prison System? 13 A. I will not be able to give you a 14 specific number, but I can tell you that any 15 attempted or completed suicide, Corizon and 16 the now Centurion team, we meet every 30 days 17 to discuss. 18 Q. When did that process of meeting to 19 discuss the prison suicide deaths, what year 20 did that start; if you know? 21 A. It was there well before I came to the 22 Philadelphia contract. It's actually a 23 National Commission on Correctional 24 Healthcare standard that we have a 30-day</p>	<p style="text-align: center;">Page 16</p> <p>1 A. Lynda Witkowski. 2 Q. And once items discussed in the 3 meeting are reduced to writing by Lynda 4 Witkowski, what happens to that paperwork; if 5 you know? 6 A. Yes. They are then filed and they are 7 shared with their third-party consultant when 8 he comes around. And when the National 9 Commission on Correctional Healthcare, when 10 they come through to determine that we are 11 meeting the standards for access care and 12 quality improvement, they will review them 13 every three years. 14 Q. Every three years, okay. 15 So is there a database where all of 16 these -- all of this paperwork that's 17 generated by Lynda Witkowski are kept? 18 A. Not electric. It's a filing system. 19 Q. So if I want to get the physical files 20 for these meetings, where would they be 21 located since they are not kept 22 electronically? 23 A. We do keep them at the regional office 24 for Corizon in Philly. However, we would</p>
<p style="text-align: center;">Page 15</p> <p>1 mortality review after every attempt or 2 sentinel event is what we call it. 3 Q. Okay. And what happens in that 4 meeting? 5 A. At that point in time, all the parties 6 involved, the security team, the medical 7 team, the mental health team, the physician 8 who was the attending at the time, as well as 9 the administrators of the facility, we have a 10 round table and discuss any areas of 11 improvement, any opportunities, any 12 positives. Just scenarios around the event. 13 And we attempt to find things that we can do 14 differently, if at all. 15 Q. Are the statements made in that 16 particular meeting, are they reduced to 17 writing? 18 A. Yes. 19 Q. And who reduces them to writing; if 20 you know? 21 A. The quality improvement coordinator 22 for the medical team. 23 Q. And in 2016, if you know, who would 24 that have been?</p>	<p style="text-align: center;">Page 17</p> <p>1 have to get approval to share them. 2 Q. Where is the regional office located? 3 A. 8001 State Road. 4 Q. Okay. And so essentially that's where 5 the paperwork would be for all the -- for the 6 last -- how many years, if you know, has that 7 paperwork been kept? 8 A. We keep it for every sentinel event 9 that we have since the beginning of time 10 almost. 11 Q. Do you have an independent 12 recollection as to the suicide death event of 13 an inmate named Gene Wilson in 2016? 14 A. I was the -- 2016, I was the Director 15 of Operations at that point. Outside of this 16 incident where I got to talk to Ms. Cauley, I 17 can't say that I remember. But I know that I 18 am a part of the sentinel death committee, so 19 I'm sure I was part of that meeting. 20 Q. Right. I'm just trying to get on the 21 record if you have an independent 22 recollection or not. 23 A. Nothing stands out, no, sir. 24 Q. What are the general standards you</p>

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1 mentioned about the committee, the
2 commission? What are the general standards
3 as it relates to Corizon and care for
4 prisoners who may have either attempted
5 suicide or successfully attempted suicide?
6 A. From the Corizon side, our overall
7 responsibility is to insure that we get the
8 record closed so that we can share it with
9 the Centurion team, and the security team.
10 Obviously the warden is who we are looking to
11 give that information to.

12 At that point in time, we are also
13 responsible for setting up the sentinel event
14 meeting, the mortality meeting that we do
15 every 30 days post the sentinel event.

16 Outside of that, we do look to our
17 Centurion team to let us know if there were
18 things that we can assist with, considering
19 it is a behavioral health concern.

20 Q. Are there any rules and regulations
21 concerning the standards that Corizon has to
22 meet, that Corizon has developed in reference
23 to suicide? How to deal with a prisoner who
24 has either attempted to commit suicide or who

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1 your attorney instructs you not to answer.
2 If there is an objection of some sort, then
3 you should stop and let the attorneys
4 hopefully resolve their issues and then you
5 can go on. So I apologize not mentioning
6 that earlier.

7 A. Thank you.

8 Q. As far as the annual correctional
9 training that you talked about in this
10 particular area; how is that done?

11 A. So it's not correctional training.
12 It's just suicide prevention training.

13 Q. And I apologize.

14 A. It's not specific to corrections.

15 Q. The suicide prevention training, how
16 is that implemented?

17 A. So we have several ways of doing the
18 suicide prevention training. Currently it's
19 being done on an electronic -- what we call
20 the Torch system for the Corizon staff.

21 Q. Is Torch an acronym?

22 A. No.

23 Q. Okay.

24 A. Not to my knowledge, it doesn't stand

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1 has successfully committed suicide?

2 MS. CAULEY: Note my objection
3 to the form. You can answer if you
4 know.

5 THE WITNESS: I wouldn't make
6 it specific to a prisoner. Suicide
7 is a general concern, so we do
8 address it just like the community
9 would.

10 We do, from the Corizon side,
11 we do do annual suicide prevention
12 training. We also do an initial
13 mental health assessment screening
14 on every patient that walks into
15 the facility. And we are required
16 to insure that that continuing
17 education is done with every
18 person, not just nursing, but all
19 persons working inside the walls,
20 from the Corizon standpoint.

21 BY MR. WILSON:

22 Q. Before we go on, the other thing I
23 forgot to mention, I apologize, is you have
24 to answer every questions put to you unless

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1 for anything. It's the Corizon Torch. It's
2 a learning management system for all Corizon
3 staff where we're able to get on to a system
4 where we can basically review a form of Power
5 Point, also video monitoring. And there is
6 some interaction with the, I guess the
7 program, that allows us to answer questions
8 inside of the suicide prevention module and
9 then there is a test taking component.

10 Outside of that, we also do have a
11 face-to-face mandatory in-service that's done
12 either by myself or the regional health
13 educator across the region for all the staff
14 who may not have been able to get on to the
15 electronic system.

16 Q. Is there deadline for Corizon staff to
17 be given this suicide prevention training on
18 a yearly basis?

19 A. Yes, usually the last day of the year.
20 However, we do put -- we do have a calendar
21 that we utilize every year that determines
22 when we have the training.

23 So, for instance, and I can't
24 recollect back in 2016 the date that it was

<p style="text-align: right;">Page 22</p> <p>1 expected to be completed, but normally it's 2 the month of November where all staff are 3 expected to be trained on suicide prevention. 4 Q. How do you confirm that? That all 5 staff have been trained? 6 A. If it was done, the face-to-face 7 in-service that I spoke of earlier, we do 8 have signature sheets noting the fact with 9 the information that was taught, as well as 10 the people who were in attendance. 11 In addition to that, if it was done on 12 the electronic system, there is a certificate 13 that's completed and forwarded so that we can 14 run a report to determine who has and who has 15 yet to complete. 16 Q. Where are the certificates kept? 17 A. The certificates are kept on person. 18 And copies of them are given to us for the 19 training files. 20 Q. Okay. So when copies of that are 21 given to you, where are those kept? 22 A. They are kept in the employee specific 23 training file at the facility in which they 24 work.</p>	<p style="text-align: right;">Page 24</p> <p>1 meetings at each of our facilities to offer 2 any suggestions or guidance. 3 Q. So when a prisoner is housed at a 4 prison up on State Road, there is a Centurion 5 employee who would be conducting some form of 6 suicide screening? 7 A. Not at the time, no. The physical 8 health provider RN in the intake area, the 9 Corizon nurses are responsible for the 10 initial health screening. 11 Q. And so maybe I didn't understand. Is 12 there anything physically written down about, 13 these are the areas that have to be hit for 14 screening for Centurion employees who are 15 going to do this particular thing? 16 A. I'm not familiar with what the 17 Centurion employees have to do. Because all 18 patients who come through the system, they 19 meet with the Corizon medical assistant and 20 RN first. We are responsible for answering 21 the questions that have been identified from 22 the Centurion team on what we call our 23 confidential medical screening. So it's 24 basically a compilation of physical health</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Okay. The specific employee's file? 2 A. Yes. 3 Q. You mentioned something a few minutes 4 earlier about suicide screening. Has Corizon 5 developed any, like, written rules and 6 regulations concerning suicide screening that 7 they give to their employees who are dealing 8 with prisoners in prison? 9 A. So normally the Centurion team, they 10 will determine what is necessary in order to 11 do a mental health screening, that's not our 12 forte. We are a physical health provider. 13 They do in-service us for the 14 expectations on the screening. They also 15 determine the appropriate questions and 16 assessment that needs to be completed and 17 what their criteria is for referral. So we 18 follow those protocols based off our 19 Centurion team. 20 They come over every -- at least 21 yearly to give us the update and the 22 refresher on the screening, the expectations. 23 And in between that, if there are concerns, 24 they are invited to our monthly staff</p>	<p style="text-align: right;">Page 25</p> <p>1 questions, mental health questions, substance 2 abuse questions, pre-related questions and 3 safety questions that then allow us to make 4 appropriate referrals and plans of care going 5 forward for their stay. 6 So we take the responsibility as 7 Corizon RNs to ask the appropriate questions. 8 And based off the responses, referrals are 9 automatically generated in our electronic 10 health record. 11 Q. If there is a potential referral that 12 Corizon will make for someone who may have 13 expressed suicidal ideation, what happens in 14 that particular situation? 15 A. In a situation like that, it would be 16 considered an emergency referral and there 17 would be an electronic alert that's sent over 18 to the Centurion employee, whether that be 19 someone who is on call or on site, I'm not 20 exactly sure. And they are responsible for 21 addressing the patient within four hours. 22 Q. As far as addressing the patient, what 23 does that entail based on your experience? 24 A. I would have to defer to Centurion.</p>

<p style="text-align: right;">Page 26</p> <p>1 Q. Okay. Do you have any information on 2 the amount of prison deaths generally in the 3 Philadelphia -- does Corizon keep that 4 information, for example, in 2016 the amount, 5 the total amount of prisoner deaths in the 6 prison system, in the Philadelphia system? 7 A. Yes. 8 MS. CAULEY: Regardless of 9 suicide? 10 MR. WILSON: Yes. 11 THE WITNESS: Yes we would. 12 BY MR. WILSON: 13 Q. Would you have an independent 14 recollection as to what that number is? 15 A. No, sir. 16 Q. Does Corizon also keep the figures for 17 the amount of suicide deaths on a 18 year-to-year basis? 19 A. Yes. 20 Q. Okay. Where would that information be 21 located? 22 A. With our quality improvement 23 coordinator. 24 MR. WILSON: I don't remember</p>	<p style="text-align: right;">Page 28</p> <p>1 MS. CAULEY: Note my objection 2 to the form. 3 MS. KURTZ: I'm going to join 4 in that objection. 5 MS. CAULEY: Do you understand 6 the question? 7 THE WITNESS: I don't. 8 MS. CAULEY: Do you want to 9 repeat it or rephrase it? Your 10 choice. 11 BY MR. WILSON: 12 Q. Does Corizon have any specific rules 13 and regulations that they provide to their 14 own medical prison staff as to, hey, this is 15 what you're supposed to do when you're 16 dealing with a prisoner who has attempted to 17 commit suicide? Do you understand the 18 question, first of all? 19 A. If I can re-verbalize it to you? 20 Q. Sure. 21 A. The way that I'm interpreting what 22 you're asking me is, do we have a process to 23 manage any attempted suicides or completed 24 suicides?</p>
<p style="text-align: right;">Page 27</p> <p>1 seeing that. 2 MS. CAULEY: That's Lynda. 3 THE WITNESS: Correct. 4 MR. WILSON: Witkowski? 5 THE WITNESS: Yes. 6 MR. WILSON: I'm going to need 7 that. 8 MS. CAULEY: I'll just ask 9 that any requests be put in writing 10 afterward. Thank you. 11 We're a bit late in the game 12 for discovery. 13 MR. WILSON: Yeah, but I'm 14 just finding out certain things, I 15 agree. Because we were talking 16 about -- off the record we'll talk 17 later. I want to move on. 18 MS. CAULEY: Sure. 19 BY MR. WILSON: 20 Q. Based on your experience, what 21 specific rules and regulations are Corizon 22 medical prison staff supposed to rely on or 23 follow when prison staff are dealing with a 24 potential suicide case?</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. Yes. 2 A. Yes. So the answer to that question 3 is yes, we do have a sentinel event process. 4 Q. Has that process been reduced to 5 writing? 6 A. Yes. 7 Q. And where would those writings be 8 located? 9 A. Initially they are found on our My 10 Corizon company web page where you can print 11 out any policy or procedure. 12 We do also have those items tangible 13 in our triage spaces in our sentinel event 14 manuals and processes -- binders I should 15 say, not processes. 16 Q. Those rules and regulations, how does 17 Corizon give that information to their prison 18 employees here in Philadelphia? 19 A. So many different ways. We do keep it 20 on the electronic system, that's the Torch 21 system. So you do have the ability to 22 refresh yourself on any specific item, not 23 just necessarily suicide. 24 But we also share that information at</p>

<p style="text-align: right;">Page 30</p> <p>1 our staff meetings. And we also keep the 2 policies, procedures in what we call our core 3 process, standards of practice. We do keep 4 them in manuals in any space where patient 5 encounters are completed for reference. 6 Q. Okay. The rules and regulations that 7 you just testified to, is the training for 8 those rules, specific rules and regulations, 9 is that a mandatory training for Corizon 10 prison medical employees? 11 A. For Corizon employees overall, yes. 12 Q. How is that implemented then, if it's 13 mandatory? 14 A. The same way that I told you about the 15 monthly -- or, I'm sorry, the yearly training 16 that we do on suicide prevention, we manage 17 the same way. We do initial training upon 18 hire. Then we also do it annually 19 thereafter. 20 Q. So once a year thereafter -- 21 A. At minimum. 22 Q. -- on a computer like you talked about 23 before? 24 A. There are two different avenues, yes.</p>	<p style="text-align: right;">Page 32</p> <p>1 case? 2 A. I have no idea. 3 Q. Are your qualifications as a corporate 4 designee not only specific to Philadelphia or 5 do you have the ability to discuss -- because 6 Corizon is a nationwide company, right? 7 A. Yes. 8 Q. Or Centurion; is that correct? 9 A. Corizon is, correct. 10 Q. Do you have familiarity with issues 11 presented to some of these -- I'm just doing 12 it as a very general question right now and 13 I'll go into specifics later. 14 Do you have the ability to discuss and 15 testify about Corizon issues regarding, say, 16 for example, suicide training for other 17 states, or are you just specific to 18 Pennsylvania? 19 A. Specific to Pennsylvania. And 20 actually specific to Philadelphia. 21 Q. Okay. On or about March of 2016, if 22 you know, in Philadelphia, did Corizon 23 require its nursing personnel to obtain CPR 24 training?</p>
<p style="text-align: right;">Page 31</p> <p>1 It can be done electronically via the system 2 or it could be done as a face-to-face 3 in-service. 4 Q. Okay. If you know, you mentioned that 5 you were here in Philadelphia for one lawsuit 6 for a deposition about five years ago. Do 7 you remember the name of that caption, the 8 case? 9 A. No, sir. 10 Q. Okay. In the last seven years, if you 11 know, how many lawsuits has Corizon had in 12 Pennsylvania where they were named as a 13 defendant in a prison suicide case? 14 A. I don't know. 15 Q. In the last seven years, how many 16 lawsuits has Corizon had -- I'm going to 17 rephrase that. 18 The same question for -- is your 19 answer the same for federal and state? 20 A. Yes, sir. I have no clue. 21 Q. Okay. All right. In the last seven 22 years, how many lawsuits has Corizon had in 23 the United States, if you know, where they 24 were named as a defendant in a prison suicide</p>	<p style="text-align: right;">Page 33</p> <p>1 A. Yes. 2 Q. Okay. And how was that done? How was 3 that implemented? 4 A. Well, CPR training is a responsibility 5 of the licensed personnel. So they are 6 required, each person who holds a license, is 7 required to meet the standards for what we 8 have, at least in Philadelphia, through the 9 American Heart Association or the American 10 Red Cross, to obtain their healthcare 11 professional CPR certification independently. 12 Q. So there is no way to gauge whether or 13 not a Corizon employee has indeed obtained 14 certification for CPR training? Do you 15 understand the question? 16 A. I do. 17 MS. CAULEY: Objection to 18 form. I don't think that's what 19 she said. 20 MR. WILSON: Well, I'm going 21 to try to get clarification. 22 BY MR. WILSON: 23 Q. You said it's independent, which means 24 it's on the person, the Corizon employee to</p>

<p style="text-align: right;">Page 34</p> <p>1 obtain the CPR training? 2 A. Correct. 3 Q. How do you monitor that? 4 Excuse me, when I say you, I mean not 5 you, I mean Corizon. How does Corizon 6 monitor that? 7 A. So once the employee obtains their 8 certification, what they are expected to do 9 is provide us copies of those items where we 10 are then able to place into what we call our 11 people site system. And then we run a 12 tracking system or tickler system to insure 13 that, by the expiration date, they have given 14 us an updated certification. 15 Q. And what if you find out that the 16 person, the employee has not provided that 17 information? 18 A. Then they are suspended. 19 Q. So there is a way to track that. Is 20 that information, that certification is then 21 -- is a copy of that certification placed in 22 the employee file? 23 A. Yes. 24 Q. Do you know a nurse Marilou Orgasan?</p>	<p style="text-align: right;">Page 36</p> <p>1 A. Yes. 2 Q. And where is that writing located? 3 A. Normally in our education binder with 4 our health educator. 5 Q. So it's a general educational binder? 6 A. Yes. 7 Q. And it has that information in it 8 about how to deal with unconscious prison 9 patients. Does it have other information? 10 Any other information in that particular 11 binder? 12 A. Anything that the regional health 13 educator would have had in-service on, yes, 14 you will see copies of the materials that 15 were trained on, in addition to the signature 16 sheets of those who were in attendance. 17 Q. And how do -- if any way -- how does 18 Corizon assure that its prison medical 19 employees and staff will receive this 20 training, specifically, for example, on how 21 to treat an unconscious prisoner? 22 A. So emergency response training is 23 mandatory in our contract, so whenever we try to --</p>
<p style="text-align: right;">Page 35</p> <p>1 A. Yes, I do. 2 Q. Do you have an independent 3 recollection as to whether or not in 2016 she 4 had provided the requisite certification for 5 her own CPR training on or about March of 6 2016? 7 A. If she was on duty, I would say yes. 8 Q. Do you have an independent 9 recollection? 10 A. No, sir. 11 Q. Okay. 12 MS. CAULEY: I think that's 13 been provided in discovery, just 14 for the record. 15 BY MR. WILSON: 16 Q. Did Corizon provide training on or 17 about March 2016 in Philadelphia for its 18 prison medical staff related to how to treat 19 an unconscious prisoner? 20 A. We do have -- we do, every year, 21 conduct an in-service on emergency response, 22 yes. And unresponsive patient is a part of 23 that scenario. 24 Q. And has that been reduced to writing?</p>	<p style="text-align: right;">Page 37</p> <p>1 Q. Contract with whom? 2 A. In our contract, the Philadelphia 3 contract. 4 Q. Okay. 5 A. And what we attempt to do is be very 6 consistent. So every year we do put out a 7 calendar on when we are training to certain 8 things by every month, so that allows us to 9 insure that all of our staff are receiving 10 the required training at one given time 11 versus trying to meddle through it throughout 12 the year. So we do insure those things are 13 done. 14 Q. Is it once a year -- like is everyone 15 being given this training on one particular 16 day a year? 17 A. No. 18 Q. Okay. I'm just trying to get my head 19 around it. Explain to me how the training 20 works for that particular issue then. 21 A. So what we do is if -- say for this 22 year, our emergency response training will be 23 held in April. So what we will do is we will 24 alert the staff via our education calendar</p>

<p style="text-align: right;">Page 38</p> <p>1 that the upcoming month in-service and 2 training will be emergency response CPR and 3 Narcan administration. So with that being 4 said, all of the staff are expected 5 throughout the month of April to attend the 6 in-services because the educator or the 7 quality improvement coordinator will be 8 around through the facilities to conduct 9 those in-services and they are expected to 10 attend. If they do not attend, the clinical 11 administrator of the facility will then 12 conduct the in-service on their next 13 scheduled day.</p> <p>14 Q. What ways does Corizon have to check 15 whether or not someone has attended?</p> <p>16 A. In-service sheets.</p> <p>17 Q. And where are those located?</p> <p>18 A. Those are located in either the 19 administrator's in-service binder, the 20 education binder that the health educator 21 carries as the original, or in our share 22 point system. That's just our electronic 23 system that allows us to archive all of our 24 forms.</p>	<p style="text-align: right;">Page 40</p> <p>1 being missed. The expectation would be via 2 Email, or at this point and stage in life via 3 text, letting them know that they need to, at 4 their next scheduled day, they will be 5 meeting to have the in-service before you can 6 start your shift. I have to defer to the 7 administrator for that.</p> <p>8 Q. On or about March 2016, did Corizon 9 have in place any rules and regulations 10 concerning age requirements of its nursing 11 staff in reference to treating prison inmates 12 in general?</p> <p>13 A. Not to my recollection.</p> <p>14 Q. Is there a mandatory retirement age 15 for Corizon employees who work at the prison?</p> <p>16 A. Not to my knowledge.</p> <p>17 Q. And again, same question, were these 18 rules and regulations relating to -- strike 19 that.</p> <p>20 Based on Corizon contract with the 21 Philadelphia Prison System, are Corizon 22 employees who work in the prison system 23 required to abide by Philadelphia Prison 24 rules and regulations concerning the</p>
<p style="text-align: right;">Page 39</p> <p>1 Q. What, if any, punishment is given to a 2 Corizon employee who fails to attend these 3 training sessions?</p> <p>4 A. The idea is not to be punitive, we do 5 encourage our staff. What we end up doing is 6 if the deadline is missed, because it is 7 something that's mandatory, but it's 8 something that can be made up on the next 9 scheduled day, what we do have our staff do 10 is meet with the clinical administrators so 11 the in-service can be conducted so they can 12 work.</p> <p>13 Q. Is the fact that the person generally 14 may have missed the initial mandatory 15 training session noted in that person's, for 16 example, personnel file?</p> <p>17 A. No, sir.</p> <p>18 Q. Okay. Is the fact that that person 19 missed that mandatory training session noted, 20 in any way, as it relates to that particular 21 employee?</p> <p>22 A. From my level, I wouldn't be able to 23 speak 100 percent on that only because there 24 is many ways of communicating a deadline</p>	<p style="text-align: right;">Page 41</p> <p>1 performing of medical care on prison inmates?</p> <p>2 MS. CAULEY: Objection to 3 form.</p> <p>4 BY MR. WILSON:</p> <p>5 Q. Do you understand the question?</p> <p>6 A. Yes.</p> <p>7 Q. Okay.</p> <p>8 A. Corizon staff are expected to adhere 9 to all policies and procedures as it relates 10 to the Philadelphia Department of Prisons and 11 Corizon.</p> <p>12 Q. Are Corizon staff given training 13 sessions on the Philadelphia Prison System's 14 own independent rules and regulations 15 regarding caring for prisoners?</p> <p>16 A. Yes, each month.</p> <p>17 Q. Who provides the training for that 18 each month?</p> <p>19 A. The Policy and Procedure Audit Deputy 20 Warden.</p> <p>21 Q. And how is that provided?</p> <p>22 A. Normally via a printed copy of the 23 independent policy itself. And in order to 24 determine whether the staff member has</p>

<p style="text-align: right;">Page 42</p> <p>1 awareness of the policy, an original 2 signature is expected. 3 Q. Is that training mandatory? 4 A. Yes. Policy and procedures are 5 mandatory. 6 Q. And the same question as before, if a 7 Corizon employee misses that training, are 8 there corrective measures taken to insure 9 that compliance by that Corizon employee? 10 A. As long as the staff member is not out 11 on some form of leave, whether that be 12 workmen's comp or whether that be FMLA, then 13 yes. They are not allowed to work until they 14 are aware of the policy. 15 Q. As of, say, March of 2016, did Corizon 16 have any policy concerning -- for nurses, 17 concerning physical requirements for nurses? 18 A. No, sir. 19 Q. Okay. Let me try to be a little more 20 specific. Like some of the inmates are going 21 to be big people. So there may be a physical 22 aspect of trying to lift, pull somebody's 23 body over, something like that. 24 Does Corizon have, say, well you have</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Have they been reduced to writing? 2 A. Yes. 3 Q. Where would those writings be located? 4 A. In any one of our triage manuals for 5 emergency response. 6 Q. Who has access to the triage manuals? 7 A. Everyone in the facility. 8 Q. Is there a specific training done with 9 Corizon employees on stretcher calls? 10 A. Emergency response, yes. It's 11 inclusive of stretcher calls. 12 Q. For that particular issue, is that an 13 independent training? Is that done on an 14 independent specific training day, or is that 15 particular training done on a date when 16 Corizon employees are being trained on other 17 issues? 18 A. So the emergency response is very 19 fluid. Outside of what I testified to 20 earlier, what we also do is what we call man 21 down drills. So the Corizon team, as well as 22 the security team, at any given time across 23 the region at each facility, we are expected 24 by NCCAC standards to conduct man down</p>
<p style="text-align: right;">Page 43</p> <p>1 to be -- I'm just asking if there is a 2 general physical -- because of that issue, 3 has Corizon developed a policy as far as 4 that's concerned, as it relates to, for 5 example, nurses? 6 A. Well, for all staff in general, we do 7 have staff safety requirements. For a 8 situation in which you just described, then I 9 would need basically what we call a team 10 support. So it would be me, myself and 11 others. 12 I would also elicit the support of 13 anyone around me to assist me with getting it 14 done, if that's what's necessary. We don't 15 have specific requirements that tell nurses 16 that they can't lift above 25 or 50 pounds. 17 We call it team support. 18 Q. Does Corizon have any written rules 19 and regulations as it relates to prison 20 stretcher calls? 21 A. I'm not sure if it's called prison 22 stretcher calls, but yes, in relation to 23 emergency response stretcher calls, yes, we 24 have protocol.</p>	<p style="text-align: right;">Page 45</p> <p>1 drills, which is basically a stretcher call, 2 where we test our skills at least monthly on 3 every shift. 4 Q. What does testing the skills entail? 5 A. It could entail many things. So just 6 to give you an example, one could be, for 7 instance, you walked up and you found a 8 patient unresponsive on the floor. What 9 would you do? 10 So we actually walk through the entire 11 scenario until a code green, what we call it, 12 or until the situation is deemed clear. And 13 then those items are actually documented and 14 then submitted for review and critique. 15 Q. And that training is given how many 16 times a year; if you know? 17 A. Twelve at minimum. It's 12 on Corizon 18 side and 12 on the security side. 19 Q. So essentially once a month, 20 basically? 21 A. Correct. On every shift. 22 Q. Say for the last five years, at 23 minimum, has Corizon here for the 24 Philadelphia Prison System, have they</p>

<p style="text-align: right;">Page 46</p> <p>1 developed any written disciplinary procedures 2 that they promulgate to their staff employees 3 regarding care and treatment of prisoners? 4 A. I'm not sure if I understand. 5 Q. Okay. Let me try to rephrase it. 6 Does Corizon have anything in writing 7 that they give to their staff medical 8 employees and say if we determine that you've 9 provided inadequate care to a particular 10 prisoner, this is how you may be disciplined, 11 and then laying out whatever the discipline 12 may be? 13 A. If I could ask for clarity. Is that 14 specific to a sentinel event, an emergency 15 response or just everyday operation? 16 Q. Let's start with a sentinel event. 17 A. So for a sentinel event, the idea is 18 not to be punitive, because in an emergency 19 it is just that. So what we do, as part of 20 that mortality meeting I spoke of earlier, we 21 do invite the persons who were involved and 22 that could be the nurses at some point, the 23 physicians, the ME, whoever it may be. 24 We do sit around and have</p>	<p style="text-align: right;">Page 48</p> <p>1 most all of our nurses that are full time or 2 part time fall under the 1199 C collective 3 bargaining agreement. So we have a 4 progressive discipline process where you 5 start with a verbal communication, then to a 6 first written, a second written, to a final 7 warning and then to termination. 8 Q. And correct me if I'm wrong, are those 9 processes, have they been reduced to writing? 10 A. Correct. 11 Q. And these processes that you talk 12 about, they have been collectively bargained 13 with 1199 C or are these processes that 14 Corizon has developed? 15 A. No, sir. These are 1199 C negotiated 16 progressive discipline processes. 17 Q. Right. So Corizon has no specific 18 disciplinary written rules and regulations? 19 A. Yes, sir, we do. 20 Q. And what would those entail? 21 A. So outside of the Philadelphia 22 Department of Prison collective bargaining 23 agreement, Corizon does have our own standard 24 progressive discipline processes. However,</p>
<p style="text-align: right;">Page 47</p> <p>1 conversation. If it was true negligence, 2 yes, absolutely, we will have conversation. 3 We have done that in the past. 4 However, most times it is conversation 5 about what we can do to educate them or what 6 we may have done process wise that may have 7 been flawed. So the goal is not to scare our 8 nurses, the goal is to empower them to do 9 better. 10 Q. So is there a situation -- and this is 11 now hypothetical. 12 Nurse has done some things that 13 Corizon believes is substandard as far as 14 care and treatment, or the prison is 15 concerned. You've tried to take retraining, 16 corrective measures and the nurse continues 17 -- has not reached the standard that Corizon 18 has set for that nurse employee. What, if 19 anything, happens to that particular nurse in 20 that hypothetical? 21 A. They do follow the progressive 22 discipline process. 23 Q. What does that entail? 24 A. So because we are a union environment,</p>	<p style="text-align: right;">Page 49</p> <p>1 we do not -- the CBA, the collective 2 bargaining agreement supersedes anything that 3 we have. Anything that we don't have 4 itemized in the collective bargaining 5 agreement, then we refer back to our employee 6 handbook or to our Corizon policies. 7 Q. Where would the written Corizon 8 disciplinary protocol -- who has that and 9 where is that located? 10 A. That's located in every facility in 11 our policy and procedure manual. 12 Q. Is it a manual? 13 A. Yes. 14 Q. And how are Corizon employees provided 15 with a copy of that particular manual? 16 A. The manual is located in every triage 17 space and every administrator office across 18 the region. So they have the ability to -- 19 because it's so tangible, they can make 20 copies if they like. 21 Overall, we do have discussions on 22 each of our policies and procedures 23 throughout our staff meetings each month. 24 Q. On or about March of 2016, did Corizon</p>

<p style="text-align: right;">Page 50</p> <p>1 have any written rules, regulations or 2 procedures relating to review of a prison 3 nurse's treatment of a prisoner who may have 4 died in his cell? 5 A. I'm not sure if I understand. 6 Q. Okay. Hypothetical, a nurse goes to a 7 prison cell, attempts to resuscitate a 8 prisoner. Unsuccessful in doing so, the 9 prisoner dies. 10 Are there any written rules and 11 regulations by Corizon as to what the 12 protocol, how to handle that particular 13 situation? 14 A. Post the incident? 15 Q. Yes. 16 MS. CAULEY: Not how to handle 17 the incident itself, but how to 18 handle it after it's occurred? 19 MR. WILSON: Yeah. Yeah. I'm 20 going to get to that later. 21 THE WITNESS: Yes there are. 22 BY MR. WILSON: 23 Q. Can you explain, what's the protocol? 24 A. Yes. First and foremost we are</p>	<p style="text-align: right;">Page 52</p> <p>1 up the encounter for what we could call a 2 walk in. Or depending on the nurse, it may 3 also be called visit type as a stretcher. 4 They will merge in what we call a 5 smart form, which is basically a nursing 6 assessment tool that allows us to document 7 specifically on any given situation. That 8 will lock their notes and assign that 9 information over to the provider for review. 10 Q. The provider? 11 A. To the physician or the midlevel 12 that's on duty or in attendance at the time. 13 Q. So in that situation, the nurse 14 prepares a report, done electronically. That 15 report then goes to the doctor who may have 16 been on duty at that time? 17 A. Yes. 18 Q. Is that what you're talking about? 19 A. Yes. 20 Q. I just want to get clear. 21 A. Um-hum. 22 Q. Okay. So the doctor then has to 23 review that report; is that correct? 24 A. Correct.</p>
<p style="text-align: right;">Page 51</p> <p>1 expected to offer our staff the employee 2 assistance program. Just to see how they are 3 able to -- how they are coping with the 4 incident at hand. 5 As far as the nursing and physician 6 responsibility, they are expected to 7 immediately post the event to document their 8 findings, document the timeline in realtime 9 so that we can get it into the record, 10 because we do have an eight-hour time period 11 before which we need to close the record so 12 that we can get it off to the warden and/or 13 the designee. 14 In addition to that, we want to make 15 sure that the EMS team is still on campus, 16 have all the required information they need 17 before leaving. 18 Q. When a nurse prepares a report in that 19 situation, physically what happens -- take me 20 step by step, what happens with that record? 21 A. Well, the report itself is documented 22 in our electronic health record. So the 23 nurse or the physician that was attending the 24 incident will go directly to a computer, pull</p>	<p style="text-align: right;">Page 53</p> <p>1 Q. After the doctor reviews that written 2 report prepared by the nurse, what happens to 3 that report next? 4 A. The report stays in the electronic 5 health record. It's locked with the chart 6 itself and pushed off to the warden as per 7 policy. 8 Q. If you know, given your experience, 9 what does the warden do with that report? 10 A. I'm not exactly sure. 11 Q. But the report definitely goes to -- 12 does it go to the warden of that particular 13 prison? 14 A. Correct. 15 Q. Okay. 16 A. Or their designee, whoever they 17 determine to come pick it up. 18 Q. You said pick it up, so there is no -- 19 I'm just -- I'm really just asking for a 20 friend. 21 The warden picks it -- has someone 22 physically pick up the report, or is there a 23 way for the warden or his representative or 24 designee to electronically secure the report?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. There is a way to have it 2 electronically submitted, we started that 3 process around 2017. In 2016, I do believe 4 it was a paper system. 5 Q. Okay. It was an old way. 6 A. Correct. 7 Q. After the nurse prepares the report, 8 is the nurse debriefed by anyone, a Corizon 9 employee, for example? 10 A. Absolutely. So during the employee 11 assistance program offering, that's when we 12 have the conversation. Just, one, to 13 determine the mindset of the staff who 14 attended the incident. And then, two, to get 15 conversation about what may have or may not 16 have occurred. We call it a debrief. 17 And that's done with the medical team 18 on duty. That's not just with those who 19 attended, but everyone on the faculty at that 20 time. 21 Q. Everyone on the faculty meaning 22 Corizon and non-Corizon employees? 23 A. I'm sorry, Corizon employees. 24 Q. I'm just making sure we get</p>	<p style="text-align: right;">Page 56</p> <p>1 the Centurion team. And the assistant 2 program managers on the Centurion team. So 3 it's all inclusive. 4 Q. When does that meeting usually take 5 place? 6 A. Within 30 days post the incident. 7 Q. Okay. And that's -- is that what you 8 were talking about earlier in our deposition 9 about Lisa Witkowski reduces the contents of 10 the statements made at that meeting to 11 writing, and so forth and so on? 12 A. Lynda Witkowski, yes. 13 Q. I wrote down Lynda, sorry. Lynda 14 Witkowski, that's who you're talking about? 15 A. Yes. 16 My apologies, I'm also missing 17 someone. The contract coordinator is also in 18 attendance. 19 Q. Contract coordinator is a Corizon 20 employee? 21 A. No, she's a city employee. 22 Q. And where do these meetings usually 23 take place, if you know? 24 A. Normally they are done at mod 2, 8000</p>
<p style="text-align: right;">Page 55</p> <p>1 clarification. 2 Are you familiar with, generally, 3 prison deaths on Philadelphia State Road 4 where there are meetings with all of the 5 parties, any party who may have been in 6 contact with the deceased prisoner, like 7 immediately after the death? Meaning Corizon 8 employees who were there, non-Corizon 9 employees, COs, officials of that nature? 10 A. Yes, that's done at our mortality 11 meeting. 12 Q. The mortality meeting, so that's just 13 a meeting with everyone directly involved? 14 A. That's a meeting with the security 15 team, which are the sergeants who are 16 responsible for death or internal affairs, I 17 believe is what it's called. Our Centurion 18 leadership. The health service 19 administrators. The nurses or staff that 20 attended the incident. The quality 21 improvement coordinators. The region medical 22 director. The director of operations. The 23 regional vice president of clinical 24 operations. The director of psychiatry over</p>	<p style="text-align: right;">Page 57</p> <p>1 State Road in our conference room. 2 Q. Does Corizon have unified rules and 3 regulations for Corizon's prison medical 4 employees at all of the United States 5 facilities, prison facilities, or are there 6 separate and different rules and regulations, 7 for example, for Corizon employees in 8 Philadelphia as opposed to Pittsburgh or Ohio 9 or something like that? 10 A. Our core processes and policies and 11 procedures are templated, so they are 12 general. However, we do have the ability to 13 have our procedural details to be specific to 14 what we do in our facility. 15 So the general compliance indicator is 16 the standard, is consistent across the 17 company, however, how we get to meet that 18 compliance indicator may be different, each 19 facility is different. 20 Q. You talked earlier about the fact that 21 there is obviously a contract that exists 22 between Corizon and the City of Philadelphia, 23 correct? 24 A. Yes.</p>

<p style="text-align: center;">Page 58</p> <p>1 Q. Who would have, for example, a copy of 2 that contract, the terms of that contract? 3 A. Our Deputy Commissioner of Medical and 4 Behavioral Health Services, Dr. Bruce Herdman 5 would be my understanding. 6 Q. Generally, has Corizon developed rules 7 and regulations and procedures for how to 8 attempt to treat a prison employee who has 9 attempted to commit suicide, and then is 10 unconscious in his cell? 11 MR. MAGUIRE: You mean an 12 inmate? 13 MR. WILSON: Yes. 14 THE WITNESS: That's what I 15 was wondering. 16 MR. MAGUIRE: You said 17 employee. 18 MR. WILSON: I said employee? 19 I'm sorry. 20 MS. CAULEY: Let's start over. 21 BY MR. WILSON: 22 Q. Does Corizon have any written rules 23 and regulations concerning training protocols 24 for Corizon employees and medical staff, for</p>	<p style="text-align: center;">Page 60</p> <p>1 Q. And how is that information shared? 2 A. So via the electronic health record 3 that I mentioned earlier, but also in the 4 mortality meeting. 5 Q. Is that the Torch? 6 A. No, our electronic health record where 7 we do our day-to-day operations of patient 8 care is called ECW, E Clinical Work is that 9 formal name. 10 Q. Other than the electronic work that 11 you talked about, would there -- do you have 12 an independent recollection, for example, of 13 whether or not Corizon employees keep Emails? 14 Do they Email anyone in reference to, say, a 15 prison suicide death? 16 A. Employees? 17 Q. Yeah, do they Email other employees? 18 A. I'd have to defer to them. The 19 expectation would be no. 20 Q. Well, let me try to rephrase this 21 question. 22 Are you aware, in your experience, are 23 you aware of any -- specifically prison 24 suicide deaths, post, after a death has</p>
<p style="text-align: center;">Page 59</p> <p>1 how they deal with a prisoner who has 2 attempted to commit suicide and is 3 unconscious in his cell? 4 A. So I will go back to the suicide 5 prevention, and overall it's not specific to 6 prisoners, it's in relation to any person we 7 may find inside the walls. 8 So the suicide prevention is exactly 9 the same whether they are a prisoner or an 10 employee, just for the record. 11 Q. What, if any, type of business 12 relationship does Corizon in Philadelphia -- 13 does Corizon have with MHM Services 14 Incorporated? 15 A. The Centurion team, previously MHM, we 16 are complete partners, we do share the entire 17 patient health record. So we have the 18 ability to see all encounters, all visit 19 types, all statuses of the patient 20 holistically. So we share information 21 fluidly. 22 Q. Do you also share information on, if a 23 prisoner has committed suicide in the prison? 24 A. Yes.</p>	<p style="text-align: center;">Page 61</p> <p>1 occurred in the prison. Are there any Emails 2 that you're aware that are kept -- I'm not 3 taking about the electronic things you just 4 testified to. 5 Are there any Emails, are there 6 written correspondence that are transferred 7 other than the ones you talked about? 8 A. Yes. 9 Q. I'm going to try to get you to repeat 10 yourself. 11 A. Yes. 12 Q. What would those be? 13 A. That would be the initial notification 14 of the sentinel event itself. That would 15 come from the health service administrator at 16 the respective facility and that will come 17 directly to me. I will then send that 18 information over to the deputy commissioner 19 warden I spoke of earlier -- I'm sorry, 20 Deputy Commissioner, Dr. Bruce Herman as an 21 alert. 22 Q. And it's just prisoner so and so died 23 on such and such a date? 24 A. There is no real standing template,</p>

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1 however it's just information from the
2 patient's intake to a few highpoints of the
3 situation at that moment.
4 Q. And who would have that Email string?
5 A. The person who originated it.
6 Q. Okay. Do you have an independent
7 recollection -- because you sound like, given
8 your testimony, that you were involved. Is
9 it fair to say that for a prison suicide that
10 took place, for example, March 2016, my
11 client Gene Wilson, it sounds like you would
12 be involved in an Email string related to
13 that particular suicide death?
14 A. Yes.
15 Q. Did you check your Email records to
16 see if you had any Emails concerning that
17 particular death?
18 A. I did not.
19 Q. Okay. If you have them, I'd like you
20 to -- and I'll still send you something. But
21 you're duty bond under the rules of discovery
22 to give that to your counsel, so I can take a
23 look at it, okay.
24 A. Yes.

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1 Corrections, Corizon had one nurse on duty
2 from Friday through I think early Sunday
3 morning. Does Corizon have that as a formal
4 written policy, in writing?
5 MS. CAULEY: Objection to
6 form. I don't know that that's --
7 I think it's confusing, one nurse
8 on duty from Friday to Sunday. I
9 don't think that's clear. I think
10 they worked in shifts, that's my
11 only objection.
12 BY MR. WILSON:
13 Q. They worked in shifts, but there was
14 one nurse on duty at all times from Friday --
15 given the information that we have received,
16 from Friday through say Sunday. Does that
17 particular policy, is that in writing
18 anywhere from Corizon?
19 MS. CAULEY: Just object to
20 the form. You can answer.
21 THE WITNESS: I'm sorry. I'm
22 still trying to interpret what
23 you're asking me. So without
24 trying to dig into it and determine

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1 MS. CAULEY: Well, you can
2 issue me a request and we'll
3 respond appropriately. It's not
4 your job to tell her what she's
5 duty bond to do.
6 MR. WILSON: I'm not going to
7 get into an argument on the record
8 I'll move on.
9 MS. CAULEY: Okay.
10 BY MR. WILSON:
11 Q. As of March 2016, what, if any,
12 written rules and regulations did Corizon
13 have in reference to weekend staffing of
14 medical staff at the prisons during that time
15 period?
16 MS. CAULEY: Objection to
17 form.
18 BY MR. WILSON:
19 Q. Do you understand the question?
20 A. I don't think so.
21 Q. As of March 2016, Corizon had, for
22 example, part time -- excuse me, not part
23 time, I'll rephrase the question.
24 As of March 2016 at the House of

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1 what you're attempting to ask...
2 BY MR. WILSON:
3 Q. Don't worry about it. Don't answer.
4 I'll try to rephrase it.
5 A. Thank you.
6 Q. We had received information in
7 discovery that the nurse who attended to my
8 deceased client in prison, had testified that
9 she was the only nurse on duty at the time,
10 because on the weekends, the staff is
11 reduced, nursing staff is reduced to one
12 person, essentially, a night. Until she's
13 relieved, I think she said at 7 a.m. the next
14 day.
15 A. A night. So we're talking nightshift
16 at HOC or House of Corrections in 2016?
17 Q. Yes.
18 A. So I'm not as familiar with the
19 staffing plan. But I will tell you that we
20 are -- when we are doing what we call the
21 request for proposal response back to the
22 client, we do determine staffing patterns at
23 that time. This is four years in the making.
24 So they are required by the Deputy

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1 Commissioner I spoke of earlier, Dr. Bruce
2 Herman, he lets us know what the staffing
3 matrix should be. And we provide staffing
4 based off the request. So whatever the
5 staffing pattern is, it was requested of us.

6 It was at no time the expectation from
7 myself as the Director of Operations for any
8 nurse to attend any emergency by themselves.
9 We have protocols for that.

10 Q. What are the general staffing
11 requirements, via rules and regulations for
12 Corizon as it relates to Corizon employee
13 staffing at the House of Corrections as of
14 March of 2016; if you know?

15 A. I do know. We are required at every
16 facility, not just HOC, to have at least one
17 RN at all times. So I'm not exactly sure
18 what was testified to. But that is
19 absolutely accurate.

20 There could be one RN in the facility,
21 with the exception of Curran-Fromhold at any
22 one time. But there are support nurse staff
23 with them as well, whether it be an LPN or
24 medical assistant or medical records clerk.

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1 Maybe I need coffee guys, I'm
2 sorry.

3 MS. CAULEY: Do you want a
4 coffee?

5 THE WITNESS: Would that be
6 okay?

7 MR. WILSON: Absolutely.

8 - - -
9 (Whereupon, a brief recess was
10 taken at 12:40 p.m. and the
11 deposition resumed at 12:45 p.m.)
12 - - -

13 BY MR. WILSON:

14 Q. Okay. When prison deaths occur at a
15 prison, where Corizon has employees, say at
16 Philadelphia on State Road, has Corizon
17 developed a way to somehow monitor or log the
18 prison -- we'll start with prison deaths.

19 A. Yes.

20 Q. And how is that done?

21 A. First it's done via the Email alert to
22 me directly, letting me know of the incident.
23 It's also done from the security end in what
24 they call a flash report. So that goes out

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1 Q. Are what you just testified to, is
2 that reduced to writing?

3 A. Yes.

4 Q. And where would that writing be
5 located on this particular issue?

6 A. It would be a part of the daily
7 schedule that we placed out into the
8 facilities for any one particular day.

9 In addition to that, it would be a
10 part of the staffing patterns that are part
11 of policies and procedures.

12 Q. Where would those staffing patterns
13 and policies and procedures, where would they
14 be located?

15 A. With HOC being closed at this moment,
16 my recollection would be that they would be
17 in our regional medical records office.

18 Q. Does Corizon have a way of monitoring
19 suicide deaths in jails where -- provide
20 staff and employees to attend to the
21 particular prisoners?

22 MS. CAULEY: I don't
23 understand that.

24 THE WITNESS: Thank you.

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1 to all the security leadership.

2 Q. Just a second. Security leadership
3 with Corizon or with...

4 A. No, sir. The Philadelphia Department
5 of Prisons leadership. I'm not exactly sure
6 who all that entails. But I do know that
7 there are flash reports that come out.

8 Q. Okay. And the same question as to
9 suicide deaths.

10 A. Same response.

11 Q. All right. So does Corizon collect --
12 I'm just talking about Corizon.

13 Does Corizon collect this information
14 say for a particular year? Like
15 hypothetically for a particular year we had
16 ten prison suicides -- you're nodding your
17 head.

18 A. I'm sorry, I'm waiting.

19 Q. Is that correct?

20 A. Yes, that is correct.

21 Q. Okay. Where is that information kept?

22 A. In the file I spoke of earlier with
23 our Quality Improvement Coordinator in a
24 sentinel event binder.

<p style="text-align: right;">Page 70</p> <p>1 Q. So I should be able to obtain that 2 information for every year, say for the last, 3 what, ten years? Do you understand the 4 question? 5 A. I do. Depending on the request and 6 the approval from our legal department, you 7 could get any of the information that you're 8 requesting. 9 Q. Does Corizon share its information 10 regarding these issues with the Philadelphia 11 Prison System? 12 A. Yes. 13 Q. Okay. Is there a separate -- to the 14 best of your experience, is there a separate 15 database the Philadelphia Prison System has 16 in reference to, for example, suicide deaths? 17 A. Not that I recall or am aware of. 18 Q. When Corizon -- we have established 19 that Corizon has this information. What, if 20 anything, does Corizon do with this 21 information, for example, specifically for 22 suicide deaths? 23 A. We take the opportunity to review the 24 incident at hand for emergency response on</p>	<p style="text-align: right;">Page 72</p> <p>1 deaths and then review -- I'm not talking 2 about one specific incident, just generally, 3 globally. 4 Do you take that information, does 5 Corizon look at that information for trends 6 or problems generally? 7 A. Yes. 8 Q. If Corizon does that, and you said 9 they do, if they have established that there 10 is some sort of a trend, what, if anything, 11 specifically as it relates to suicide deaths, 12 does Corizon do in that particular situation, 13 hypothetically? 14 A. So we have that conversation with the 15 Centurion team and we do ask that they 16 provide us any specific guidance, training, 17 education or resource information that we may 18 not be able to obtain from our own systems to 19 be able to help guide us to be better, since, 20 you know, the suicide attempt is a behavioral 21 health concern we utilize our partners to be 22 stronger. 23 Q. Has Corizon made that determination 24 regarding suicide deaths in prisons? Have</p>
<p style="text-align: right;">Page 71</p> <p>1 the physical medicine end. We also take the 2 opportunity at the mortality review to go 3 over that information with those who are 4 involved. And we solicit the support of our 5 Centurion team to see if there is anything 6 that, from their perspective, that we could 7 have done or do to support them. 8 Q. Is there a report that's generated for 9 each of those deaths that you -- in reference 10 to say, you said we looked at the things we 11 could do. We confer with Centurion. Are 12 those things that you're talking about, are 13 they reduced to writing? 14 A. Yes. 15 Q. And where would those writings be 16 located? 17 A. In that same sentinel event binder, 18 manual, folder. 19 Q. Okay. You talk about Centurion, just 20 for the record, for clarification, that's MHM 21 Services? 22 A. Previously known as MHM Services. 23 Q. Okay. Does Corizon take that 24 information, for example, regarding suicide</p>	<p style="text-align: right;">Page 73</p> <p>1 they made that determination that there is an 2 issue that they conferred with Corizon in say 3 the last seven years? 4 A. Not to my recollection. 5 Q. If you know, I might have asked you 6 this earlier I apologize ahead of time, if 7 you know -- never mind, you did answer it. 8 I'm going to move on. 9 Other than the discussions you 10 testified to earlier, are there any 11 independent panels that you are aware of, 12 either state or federal, that investigate 13 suicide deaths that take place in 14 Philadelphia? 15 A. From the Corizon side, I know we do 16 have a sentinel event committee from the 17 corporate level that does meet and have 18 discussions about every sentinel event, 19 inclusive of attempted suicides and completed 20 suicides. 21 Q. Right. I think you mentioned that 22 before. But other than Corizon, does Corizon 23 have to confer with either a state, local or 24 federal entity that examines, in conjunction</p>

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<p>1 with Corizon, suicide deaths that take place 2 in prison when they take place? 3 A. I'm not sure of that. 4 Q. You know the acronym BLS? 5 A. Yes. 6 Q. Does Corizon provide a training course 7 for its prison medical staff for BLS? 8 A. We do provide a courtesy course, yes. 9 Q. And how long has Corizon been 10 providing that courtesy course? 11 A. Well, before my tenure in the 12 contract. 13 Q. Is that, again, done on a yearly basis 14 to the best of your recollection? 15 A. No, we hold the courtesy course 16 monthly, every third Monday of the month. 17 Q. Okay. Every third Monday of every 18 month. Is the course mandatory? 19 A. No. 20 Q. So that training for that course would 21 have been in place in March of 2016, correct? 22 A. Yes. 23 Q. On or about March of 2016, here in 24 Philadelphia, did Corizon provide any sort of</p>	<p>1 Q. And so that's independent, meaning 2 that training does not have to take place 3 say, for example, at the HOC, that can be 4 done at other facilities, at other places? 5 A. Correct. 6 Q. It's mandatory that the person provide 7 some sort of certification though? 8 A. Correct. 9 Q. Does Corizon, in the last say ten 10 years, provide, generally, training to its 11 employees, specialized training involving 12 prevention of suicide? 13 A. Yes. 14 Q. Is that subdivided with providing 15 prevention of suicide for prisoners or is 16 that just a general kind of training? 17 A. It's all inclusive. 18 Q. And is that mandatory training? 19 A. Yes. 20 Q. Are the training materials in writing 21 anywhere? 22 A. Yes. 23 Q. Where would those training materials 24 be located?</p>
<p>1 training program to its employees on how to 2 use an AED, an automated external 3 defibrillator? 4 A. Yes. 5 Q. Is that training mandatory? 6 A. Yes, that's part of the emergency 7 response training I referred to earlier. 8 Q. Okay. And there is certification for 9 the completion of that course as well? 10 A. It's certification as it relates to 11 the BLS or CPR certification specifically. 12 MR. MAGUIRE: What's BLS? 13 MS. CAULEY: Basic life 14 support. 15 THE WITNESS: Yes. 16 BY MR. WILSON: 17 Q. And how specifically is that training 18 for the AED implemented? 19 A. Well, because each person who holds a 20 license and is required to independently 21 obtain the training, there are certified BLS 22 or CPR instructors who do train to that 23 emergency response and the AED usage on both 24 children and adults.</p>	<p>1 A. In our suicide prevention manuals. In 2 our policy and procedure manuals. In our 3 quality improvement manuals. I'm sure they 4 are elsewhere. And obviously online via that 5 Torch, the learning management system I 6 expressed earlier. 7 Q. What about training in suicide 8 recognition, does Corizon train for that as 9 well? 10 A. I would have to have an understanding 11 of what suicide recognition is. I know what 12 suicide ideations are. I'm not exactly sure 13 of suicide recognition. 14 Q. Well recognizing, for example that 15 potential suicide can entail, just as an 16 example, more than just, hey, I want to harm 17 myself or harm others. That it could be that 18 in combination of erratic behavior, 19 nonsensical statements, heightened anxiety, 20 depression and the like. Do you know if the 21 training materials speak to those issues as 22 well? 23 A. Yes, I do. And yes they do. 24 MS. KURTZ: I'm sorry, are you</p>

<p style="text-align: right;">Page 78</p> <p>1 referring to Corizon's training? 2 MR. WILSON: Yes, 3 specifically. 4 THE WITNESS: Yes. 5 MS. KURTZ: Just want to make 6 sure I understood. 7 BY MR. WILSON: 8 Q. Just taking you back to something we 9 touched on earlier. Why did Corizon, during 10 this time period, around March 2016, have 11 policy and practice of only staffing the 12 House of Corrections with one nurse at a time 13 during the weekends? 14 A. I can't confirm that. From what you 15 stated, that was testified by a nurse. 16 Q. Yeah. 17 A. That's not a part of our staffing 18 patterns. 19 Q. And you did mention the staffing 20 patterns, that information is located where 21 again? 22 A. On the staffing -- the daily -- 23 Q. The daily schedule? 24 A. Yes, sir.</p>	<p style="text-align: right;">Page 80</p> <p>1 for example, nursing staff at the prisons? 2 A. Yes. 3 Q. And how frequently is that done? 4 A. At minimum, annually. 5 Q. Who is that done by? 6 A. A peer. We call them peer reviews, 7 where we take the opportunity for someone of 8 the like, so an RN will review an RN, and we 9 take the areas that the employee works based 10 off the daily schedule most often, and then 11 we do peer checks to insure that the person 12 is responding or documenting and/or treating 13 prudently. 14 Q. And once the reviews are done, are the 15 findings reduced to writing? 16 A. Yes. 17 Q. Where would those writings be located? 18 A. In the specific employee's training 19 file. 20 Q. Is that like a personnel file? 21 A. A personnel file, yes, sir. 22 Q. In a peer review, hypothetically 23 speaking, if they find that the nurse may 24 have been lacking or may have committed some</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. Okay. Why is it important, if you 2 know, for medical Corizon employees to be 3 staffed as full and a complete of staff as 4 possible in a prison? 5 MS. CAULEY: Objection to 6 form. 7 BY MR. WILSON: 8 Q. Do you understand the question? 9 A. Yes. 10 Q. Okay. 11 A. All right. It's important for 12 support. Just to run the day-to-day 13 operation. In addition to that, for 14 emergency response it would be extremely 15 helpful to have someone to rely on, a 16 counterpart. If for any reason that we did 17 not, considering all staff members clinical 18 and nonclinical, we are responsible for 19 emergency response and CPR. But it's always 20 helpful to have someone with you when you're 21 dealing in any emergency. However, we are 22 trained to do it independently. 23 Q. Does Corizon have a system where they 24 conduct some sort of periodic evaluations of,</p>	<p style="text-align: right;">Page 81</p> <p>1 sort of internal Corizon violation, what, if 2 any, retraining is done for that particular 3 nurse? 4 A. So the administrator of the facility 5 would initiate what we call a PIP, or 6 performance improvement plan, that would 7 allow us to focus on the areas of deficiency. 8 We would itemize what those deficiencies are, 9 put timelines to them. 10 In addition to that, we would then 11 re-audit periodically depending on the level 12 or what the administrative determines makes 13 sense, as far as the auditing piece. And 14 then we would share those findings with the 15 employee to make sure that they are 16 progressing. 17 Q. When you share the findings, is it any 18 attempt to retrain the employee in that 19 particular way that you feel may not have met 20 the standards of Corizon? 21 A. Yes. So the performance improvement 22 plan basically itemized what the plan of 23 action is. And most of the times, if not 24 all, it does include retraining and/or review</p>

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1 or re-acclimation of the competency that are
2 expected as it relates to that deficiency.
3 Q. Is the fact that nurse employees, for
4 example, hypothetically, may have been
5 retrained, is there notation made in the
6 personnel file for that particular employee?
7 A. Yes.
8 Q. Okay. Does Corizon in Philadelphia
9 have any rules and regulations regarding --
10 written rules and regulations generally
11 regarding working with Centurion or MHM
12 Services?
13 A. Not that I can recall.
14 Q. Other than the Emails that you
15 discussed earlier, are you aware of any other
16 Emails or any other type of correspondence
17 that may exist in reference, specifically to
18 the Gene Wilson March 2016 prison suicide
19 matter?
20 A. No, sir.
21 Q. Okay. You testified earlier about
22 what a Corizon staff, medical staff is
23 supposed to do once a prisoner has died in
24 prison. That procedure that you testified

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1 to, is that procedure written up in writing
2 anywhere for the Corizon employees?
3 A. Yes, as part of the critique for the
4 debrief and the mortality review.
5 Q. But I'm saying the Corizon employee
6 would have access to the general, this is
7 what you do A, B, C and D?
8 A. Yes.
9 Q. And where would those physical rules
10 and regulations be located?
11 A. In the emergency response manuals.
12 Q. Okay. Does Corizon have a formal
13 prison medical employee, general training
14 manual, do you know what I'm saying, that
15 covers all these different issues, or is it
16 just like you described different --
17 A. If I understand your question
18 correctly, we have many manuals. So a lot of
19 them are duplicative. So you'll see many of
20 the same processes noted in different
21 manuals, whether that be policy and
22 procedure, quality improvement, infection
23 control, emergency response planning, safety.
24 It could be in any one of the many.

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1 Q. Okay. I'm actually almost done, I
2 just have a few more questions.
3 A. Sure. I can do this all day.
4 Q. Did you bring any documents with you
5 today in reference to this particular
6 lawsuit?
7 A. No, sir.
8 Q. I'm done.
9 MR. MAGUIRE: Nothing from me.
10 MS. KURTZ: No questions.
11 - - -
12 (Witness excused.)
13 - - -
14 (Deposition concluded at 1:10
15 p.m.)
16 - - -

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1 C E R T I F I C A T E
2 I do hereby certify that I am a Notary
3 Public in good standing, that the aforesaid
4 testimony was taken before me, pursuant to
5 notice, at the time and place indicated; that
6 said deponent was by me duly sworn to tell
7 the truth, the whole truth, and nothing but
8 the truth; that the testimony of said
9 deponent was correctly recorded in machine
10 shorthand by me and thereafter transcribed
11 under my supervision with computer-aided
12 transcription; that the deposition is a true
13 and correct record of the testimony given by
14 the witness; and that I am neither of counsel
15 nor kin to any party in said action, nor
16 interested in the outcome thereof.

17 WITNESS my hand and official seal this
18 20th day of January, 2020.

19 Michelle A. Landman

20 _____
21 Notary Public
22
23
24

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